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ABSTRACT

The report details accomplishments of Texas's Early Childhood Intervention (ECI) program and describes the program's interagency organization and services. The history of early intervention in Texas is traced and the need for early intervention documented. Interagency cooperation among the departments of health, mental health and mental retardation, human resources, and education is emphasized. Program components are reviewed including the advisory committee, public awareness and training opportunities for service providers, monitoring and evaluation, and service delivery in areas without funded programs. Among ECI services discussed are those that represent individualized, comprehensive, and quality levels of services. Effectiveness data are reported from a random sample of 558 children and their parents. Data cite child progress and increases in parental ability to help train their children. (CL)

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EARLY CHILDHOOD INTERVENTION

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AN INVESTMENT IN THE FUTURE

1985 Report to the Texas State Legislature

Acknowledgments

The preparation of this volume was truly a team effort. The entire ECI staff and Council provided assistance in reviewing many drafts. However, special acknowledgments go to Vijay Ganju, Ph.D., Department of Strategic Planning TDMHMR, who prepared the statistical reports upon which much of this volume is based, and to Joan Bishop for typing and editorial assistance. Statistics and information were also taken from the "Maternal and Child Health Services in Texas 1983", a report by the Bureau of Maternal and Child Health, Texas Department of Health; "Effectiveness of Early Special Education for Handicapped Children", a report by the Colorado Department of Education for the Colorado General Assembly, and from the Texas Education Agency.

Early Childhood Intervention

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Texas Interagency Council on Early Childhood Intervention

Texas Department of Health
Texas Department of Mental Health
And Mental Retardation

Texas Education Agency
Texas Department of Human Resources
Public Representative

May 3, 1985

I am pleased to submit to you this Legislative Report describing the accomplishments of the Early Childhood Intervention Program. This is the first published summary of the program since it was created by the Legislature in 1981.

The need for early childhood intervention is enormous. Sixty programs funded for FY '84 served 7,114 children, only a fraction of the 131,000 in Texas estimated to be delayed or at risk of delay.

Our ECI Program is unique among state programs in Texas because it operates through an interagency structure which builds on existing services for children. Gaps in services that were identified prior to the passage of the ECI legislation are being closed in a cost-effective manner by agencies working together to provide comprehensive services. This program has been so successful that it is now serving as a model for similar programs across the nation.

The goal of early childhood intervention services is to provide children the opportunity to enter regular school classrooms, to prepare for vocations, and to contribute to society. The coordinating agencies, the funded programs, parents, and the legislature strive toward reaching these goals which represent an investment in the future for Texas children.

Sincerely,

Richard L. Smith, Ed.D.
Chairperson, ECI Council
Assistant Deputy Commissioner - Mental Retardation Services
Texas Department of Mental Health and Mental Retardation

RLS:lc

Early Childhood Intervention Program 1100 W.49th St., Austin, Texas 78756 (512) 465-2671

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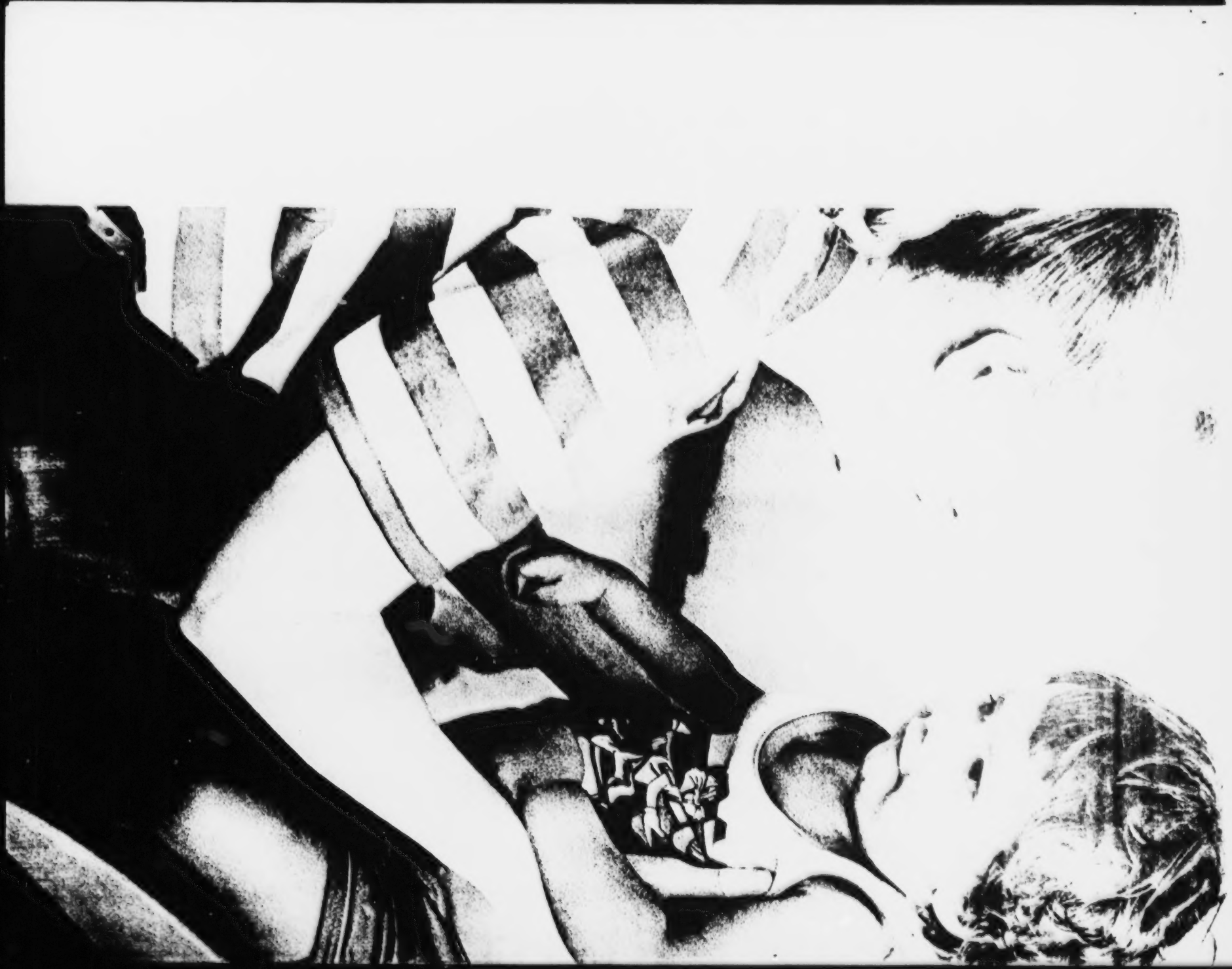

EXECUTIVE SUMMARY

The Early Childhood Intervention (ECI) Program represents an innovative model for providing services to children and their families while avoiding costly program duplication. In the three and a half years since it was created, the ECI Program has received a number of honors and has served as a model for several new or proposed programs both nationally and in the State of Texas. This Legislative Report, the first published summary of the program, reviews the interagency organization of the program and the services it provides.

The ECI Program was created to fill the gaps in services available for children with developmental delays and their families. The program serves children who have delays in motor skills, learning, social or language development, and children who have medical problems or conditions that would be likely to cause a delay. Previously, several Texas state agencies provided services to children with developmental delays, but programs for children below the age of 6 were fragmented, noncomprehensive, and, in some areas of the state, nonexistent.

In FY '84, 60 ECI funded programs across the State of Texas served 7114 children below the age of 6 with or at risk of developmental delay. These children represent only a tiny fraction of those in need of services. And the number of children in need of services is expected to increase as the population of Texas increases. By ECI estimates, approximately 131,000 children below the age of 3 in Texas are currently eligible for ECI services. Some may be served by other programs, but the majority remain unserved. By 1987 the number of children below age 3 in need of services is expected to climb to 141,000.

The children and their families enrolled in ECI programs participate in interdisciplinary evaluations and intervention services including physical therapy, speech/language therapy and occupational therapy, educational training, training in self-help skills, parent training, counseling, and case management services. Because children this young spend most of their time with their families, the families' responses to the program have a major impact on their children's outcomes. Therefore, parents are the focus of ECI intervention efforts. A major goal is to maximize the families' abilities to meet their needs and the needs of the children as a family unit. In short, parents are partners with the program staff, sharing in the development of goals, in the therapy, and in the successes of their children.

A recently completed survey of parents of children enrolled in ECI programs indicates that they are enthusiastic about the progress of their children and the changes in their families as a result of the ECI programs. They say that the programs have been helpful in teaching them to work with their children and in helping them to understand their children's problems.

Numerous studies following children who received early childhood intervention indicate the cost effectiveness of these programs. Estimates of cost effectiveness using such measures as the combined savings resulting from taxes recovered from the children's later earnings, reductions in required income maintenance, reductions in institutionalization costs and reductions in costly special education services indicate that early intervention is a sound investment. With early childhood intervention, the saying that "to save money you have to spend it" is particularly true. The costs of ECI programs from birth to age 3 more than justify the investment in improving the quality of life of children with developmental delay and their families.

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WHAT IS EARLY CHILDHOOD INTERVENTION?

Sam is a happy six-month-old child born with Down Syndrome. Sam's mother is overwhelmed by the prospect of caring for him. Sam needs assistance to develop to his full potential and his mother needs help in learning how to care for Sam.

Alice doesn't crawl and she doesn't walk. In other respects she is an alert, cheerful 18-month-old child. She feeds herself. Her verbal abilities are well ahead of her peers. Alice needs physical therapy now to help her use her legs.

Ann appears to be a normal six-month-old child, but she is considered by many to have two strikes against her. Her father is being treated for schizophrenia and her mother neglects Ann and her other children. Ann spent her first three months in a neonatal intensive care unit because of respiratory problems due to prematurity. Ann is at risk for developmental delay.

Each of these three children either exhibit developmental delay or are considered to be at risk of developmental delay according to ECI legislation which states:

" 'A developmentally delayed child' means a child who is determined by an interdisciplinary team to exhibit:

(A) a significant delay, beyond acceptable variations in normal development, in one or more of the following areas:
  (i) cognitive
  (ii) gross or fine motor
  (iii) language or speech
  (iv) social or emotional
  (v) self-help skills, or

(B) an organic defect or condition that is very likely to result in a delay in one or more of those capabilities or skills."

A child under 6 years of age may be referred for services if the child is:

(1) identified as being developmentally delayed
(2) suspected of being developmentally delayed
(3) considered at risk of developmental delay because of certain biological or environmental factors, and
(4) ineligible for public school programs.

The enriched environment, individual instruction, physical therapy, and other assistance that these three infants and their parents need to prevent, lessen, or overcome developmental delays are services provided by early childhood intervention programs. Such services, provided in early, critical years, will permit these children to make the most of their abilities. Without early intervention, their problems may be compounded, resulting in a need for more intensive, and costly, services later.

HISTORY OF EARLY INTERVENTION IN TEXAS

The Early Childhood Intervention (ECI) Program was created in 1981 by the 67th Texas Legislature to identify and provide needed intervention services to children from birth to age 6 who are or appear to be at risk of developmental delay. The passage of ECI legislation (Chapter 73 of the Human Resources Code; Section 11.092, Education Code; and Article 5547-205, Vernon's Texas Civil Statutes) was the result of recommendations of a legislative committee which spent several years studying the programs and needs in the area of early childhood intervention.

The first version of the legislation was introduced in the 65th Texas Legislature in 1977, but didn't reach the floor of the House of Representatives. As a result of the efforts to introduce legislation, however, the Legislature established an interim committee made up of representatives from the Department of Health, the Department of Mental Health and Mental Retardation, the Texas Education Agency, a representative from the Legislative Budget Board, and the Senator and Representative who had introduced the original bill.

The interim committee commissioned two surveys, one of public agency programs that served children with handicaps from birth to 6 and one of public and private agencies providing services to children under age 3. It supplemented the information obtained from these sources with public hearings in four geographic areas of the state.

The interim committee's study identified gaps in the delivery of services to children with handicaps, especially to those under age 3. The committee learned that services were available to some children with developmental delays but that these services were provided unevenly and, in some areas, they were nonexistent. The 1981 map in figure 1 shows the counties receiving some form of ECI services at the time of the study.

Working with staff members of participating agencies, the committee developed recommendations for ECI legislation. The work of the committee was published in a **Final Report to the Legislature** in 1981.

ECI legislation was passed in May, 1981, as a result of the committee efforts. The charge to the newly created ECI Council was to develop and maintain a statewide system of quality intervention services for all children under 6 years of age with or at risk of developmental delays.

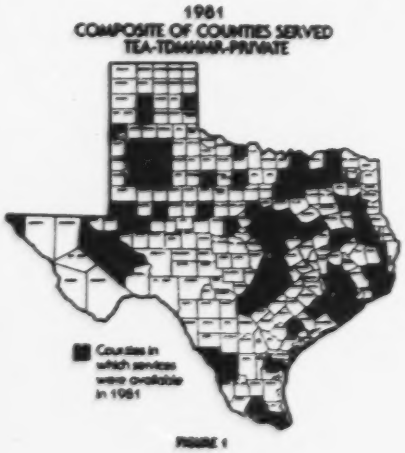

FIGURE 1

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The Need for Early Childhood Intervention Services

ECI programs have significantly increased services available to children with developmental delays and their families as illustrated by the 1984 map **in figure 1**. However with children on **waiting lists**, and counties currently **unserved**, a tremendous need for services remains. And a glance at Texas **population** trends provides ample evidence that the need for services will increase significantly over the next few years.

Texas is unique among the states in the nation in many ways. It is the third most populated state in the country. Only California and New York have more residents. Not only does the state have a large population, it is growing. In 1980, there were an estimated 14,229,191 people living in Texas. By 1990, the population is expected to be 19,197,554 — an increase of 35%.

The number of children in the 0-3 age group in Texas is expected to grow through increased numbers of births and through migration into Texas, according to the statistics provided by the Texas Bureau of State Health Planning. Therefore, the number of children with developmental delay eligible for ECI programs will grow as the population expands **(see fig. 2)**.

To adequately plan for future service needs, it is necessary to know what percentage of children 0-3 have developmental delay or are at risk of developmental delay and are in need of services. Completed studies present estimates of prevalence that range from 3% to 17% of the preschool age group, depending upon how eligibility for services is determined. The 3% figure includes only those children who have major functional limitations and meet the federal definitions of developmental disabilities, whereas estimates of 17% include, in addition, children with medical or environmental factors indicating that they are at high risk of developmental delay.

The ECI Program in Texas has been mandated by the Texas Legislature to use a broad definition of eligibility for services which includes children from 0-6 who are at risk of developmental delay as well as those with evidence of delay and who are ineligible for public school programs. Risk of developmental delay is associated with several factors such as low birth weight, economic status of the family, marital status of parents, age of mother, and late or absent prenatal care. Prevalence statistics for a number of these risk factors provide a picture of children at risk for delay in Texas. In 1982, 6.9% (20,540) of all live births were below 2,500 grams (5½ pounds). Babies born to women who are at either extreme of the child bearing years, i.e. under 18 or over 34 years of age, accounted for over 11% (32,745) of the 1982 births. Over 33% (98,830) of mothers-to-be received no prenatal care during their pregnancies, and single mothers delivered 13.9% (41,378) of the babies born in 1982. The 1980 census data reveals that 15% of Texas residents are living below the poverty level. These factors can be used as a barometer for assessing the risks of delay faced by infants and their families.

Children with more than one of these risk factors are at greater risk of developmental delays. Since many of the risk factors are associated with each other, many babies have two or more risk factors. For example, mothers-to-be who have limited income may lack prenatal care because they can't pay for it, and, therefore, may be more likely to have low birth weight babies.

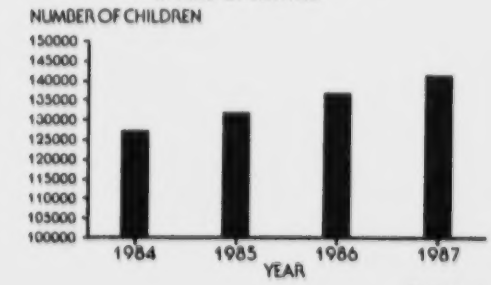


FIGURE 2

Need can also be judged by looking at the actual numbers of school age and preschool (3-6 year old) children currently enrolled in special education programs. Most of these children would have been eligible for ECI programs at an earlier age. Approximately 12%-13% of the school age population in Texas is in special education programs. The 1983-1984 state summary indicated that 32,337 three to five year olds are being served through Texas special education programs. The ECI Program is far from being able to provide services to this number of children and their families.

The figures cited above indicate that 12% of the children below the age of 6 and their families are eligible for ECI services. Population estimates for FY'85 show that the Texas population age 3 or below is 1,096,426. Using 12% as an estimate, 131,000 children age 3 or below have developmental delays or are at substantial risk of developmental delays. The combination of children served through ECI funded programs and children age 0-6 served through special education programs represents only a small portion of those children estimated to be in need of services.

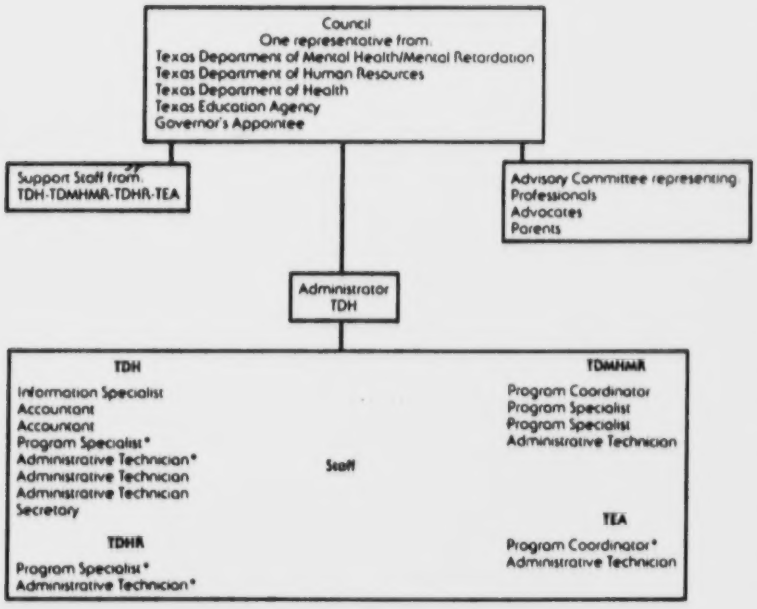
THE EARLY CHILDHOOD INTERVENTION PROGRAM — AN INTERAGENCY MODEL

What makes ECI unique among state programs is the extent of cooperation among state agencies. This cooperation is evident in all phases of council operation from the interagency composition of the council to the staffing of program offices (see fig. 3).

ECI Council

The Interagency Council on Early Childhood Intervention is composed of one public member who is the parent of a child with developmental delay and one representative each from the Texas Department of Health, the Texas Department of Mental Health and Mental Retardation, the Texas Department of Human Resources, and the Texas Education Agency. The ECI Council has the major responsibility for carrying out the intent of the ECI legislation. The council utilizes rule making authority to establish the direction of the program. The monies appropriated for ECI services appear in the budget of the Texas Department of Health and are allocated by the council to accomplish its tasks.

ECI ORGANIZATION CHART*



*All staff salaries are paid by ECI funds except those starred

FIGURE 3

ECI Administrative Staff

ECI program staff carry out the directives of the council. They manage the grant review process each year; they are in charge of fiscal and program monitoring; they provide technical assistance and training; and they coordinate early identification, public information, program tracking, program evaluation, and research projects. Some of these staff members are paid through ECI funds. The services of others are contributed by their agencies. (See organization chart in fig. 3).

The council employs 11 staff members who are paid by ECI funds. Located in the Department of Health are the administrator, an information specialist, two program accountants, two administrative technicians, and a secretary. At the Department of Mental Health and Mental Retardation are a program coordinator, a full-time program specialist, two part-time program specialists, and an administrative technician. One secretary paid by ECI funds is located at the Texas Education Agency.

A state planning grant from the U.S. Department of Education provides for an administrative technician and a program specialist to work on the state plan and refine the system for following children who have or are at risk of developmental delay. These two staff members are housed at the Department of Health.

Additional program support is donated by the four agencies on the council. The Texas Education Agency provides the part-time services of a program coordinator and management of the statewide tracking system. The Department of Human Resources contributes the part-time services of a program specialist and an administrative technician. The Department of Health contributes personnel for program monitoring. The four agencies also donate resources including legal services, equipment, space, printing and research efforts. This donation of program support has kept administrative

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costs at the extremely low level of 4.4% of the total state ECI budget (**see fig. 4**) and has assisted in integrating ECI services into existing agency activities.

CENTRAL ADMINISTRATIVE EXPENDITURES AS A PERCENTAGE OF TOTAL ECI BUDGET *

FIGURE 4

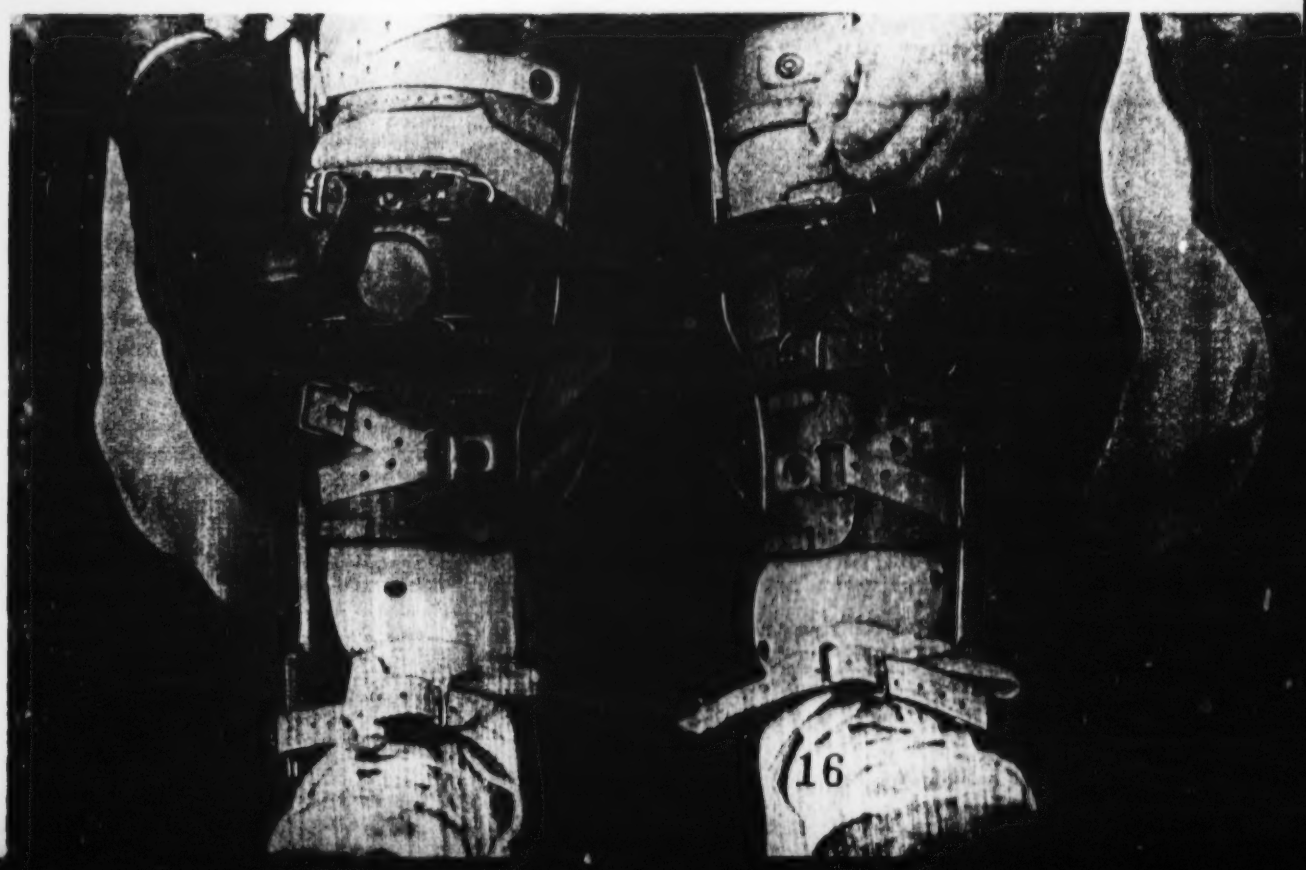
Program Components

The ECI Program demonstrates the effectiveness of multiple agencies and parent representatives working together to plan and implement a service program. The following program components, mandated by the Texas Legislature, have been implemented. All of the program components are designed to assist in providing the best possible quality of service to children.

Advisory Committee. To ensure regional and local input, the ECI Advisory Committee is composed of 15 members who are parents of children with developmental delays, professionals from a variety of disciplines or representatives from advocacy organizations. The council selects members to represent the state geographically and to maintain a balance of backgrounds and disciplines. Each advisory committee member serves as a liaison between several funded programs and the ECI Council and staff. The committee advises the council on issues affecting service delivery including successful intervention strategies, personnel training, public awareness, contemporary research, and legislation.

Public Awareness and Training. Through the jointly developed efforts of the agencies represented on the council, the program provides public awareness materials such as brochures and posters to be used statewide to focus on the importance of early detection of developmental delay and the importance of quality prenatal care. A yearly conference is sponsored to provide training opportunities for Texas early childhood service providers. A system to assess and deliver technical assistance on a regional and local basis is coordinated through the participating agencies and assures the responsiveness of training to local or regional needs.

* Figure 4 and Figures 5-10 which follow reflect data from a survey taken in January, 1984, by Vijay Ganju, Office of Strategic Planning, Texas Department of Mental Health and Mental Retardation. All data in figures 4-10 are self-reported by the 60 ECI-funded programs.



Monitoring and Evaluation. To ensure that rules, regulations, guidelines and contract requirements are adhered to, an interagency team of program and financial specialists monitors each funded agency. The monitors review program and fiscal data, check case records, observe the program activities and interview program staff and parents. The use of interagency teams has assisted in removing duplicative or conflicting standards among the organizations.

Centralized Tracking and Follow up. The council operates a computerized tracking and follow up system through an agreement with the Texas Education Agency. The system is currently being redesigned under a State Planning Grant awarded to ECI in 1984 by the U.S. Department of Education.

Service Delivery — In Areas Where There Are No Funded Programs. In areas where services are unavailable through funded programs, a system designed by the ECI Council and operated through the Texas Department of Health ensures appropriate developmental screening services for children from birth to age 6. In addition, these children and their families can receive therapy, educational training, parent counseling and case management services — the same comprehensive services they would receive if they were part of a program.

Grant Review Process. Each year the ECI staff and council-appointed grant review team reviews and selects programs for funding through a competitive process. Programs applying for the continuation of previous grants are given priority as long as they document a continued need for services and meet contract requirements. In accordance with its goal of filling gaps in existing programs and resources, council priorities have focused on ensuring services to children not being served.

ECI has avoided creating a new duplicative service system by awarding most grants to programs that delivered early intervention services prior to the passage of the ECI legislation. These programs have used their ECI funds to expand the range of services they provide, the geographic area covered, and the number of children served.

Some of the funded programs provide services at a central location; others provide services at the child's home; however, most programs provide both center and home based services (**see fig. 5**) to most effectively meet the individual needs of the children.

TYPES OF PROGRAMS: PERCENT HOME-BASED, CENTER-BASED, AND MIXED

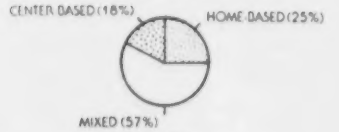


FIGURE 5

Half of the programs funded in FY 1984 were affiliated with the Texas Department of Mental Health and Mental Retardation. Twenty-six percent of the funded programs were operated by private organizations and the remaining 24% were associated with the Texas Education Agency. **Figure 6** shows the affiliations of the programs funded through ECI in FY 1984.

AFFILIATION OF ECI-FUNDED PROGRAMS

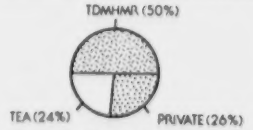


FIGURE 6

Community-based coordination in four areas — public awareness, screening, training, and services for children — is required through ECI regulations. Local programs have developed a variety of models responding to the individual needs of their communities. Active local interagency councils meet regularly to plan and evaluate their service needs. This local coordination has reduced costly program duplication and maximized the use of community resources.

EARLY CHILDHOOD INTERVENTION SERVICES

Since the first funding cycle in March 1982, the number of ECI funded programs has grown from 47 to 62 for FY'85. All of the 62 programs currently funded by ECI have several characteristics in common: 1) they provide individualized services; 2) they provide comprehensive services; 3) they provide quality services; and 4) they are family oriented. These service components are all mandated by ECI legislation.

Individualized Services. If children with developmental delay have anything in common, it is their uniqueness. Each child and family have their own special set of needs. Therefore, an individualized approach to services is necessary.

Children are referred to ECI programs by a variety of sources. As shown in **fig. 7**, physicians, hospitals, and parents themselves are the three major referral sources.

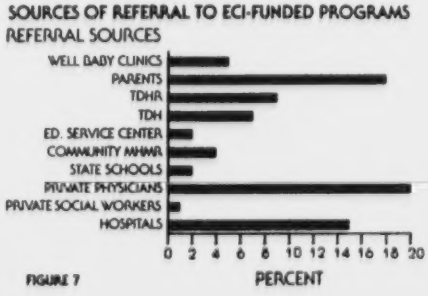
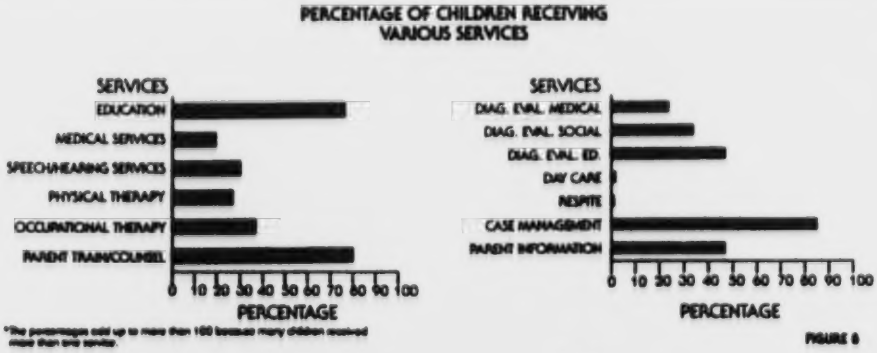


FIGURE 7

When a child is referred for ECI services, he/she is screened by a team of professionals from various disciplines who then meet with the parents to discuss developmental and educational needs. Together the parents and professionals prepare an Individualized Development Plan (IDP). The plan specifies the goals that have been developed for the child and family and the necessary training or intervention in each area to reach the goals. The parents and service providers meet together periodically to evaluate progress toward the goals.

Comprehensive Services. The child with developmental delay frequently has deficits in several areas. A child with a hearing problem, may have trouble speaking and getting along socially with his or her peers. Such a child may also lag in developing prereading skills. A child with motor difficulties may be limited in his ability to explore his environment, and therefore may have a limited vocabulary and limited experience from which to develop cognitive skills. These children need comprehensive services.

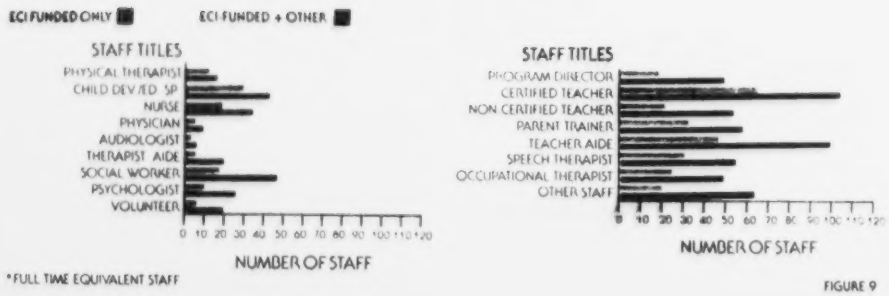
ECI programs can provide services as needed in all of these areas: speech and language therapy, physical therapy, occupational therapy, adaptive equipment, transportation, and educational development activities. In addition, parents participate in training and support groups. **Figure 8** illustrates the variety of services the childen receive. **Figure 9** shows the range of



*The percentages add up to more than 100 because many children received more than one service.

FIGURE 8

NUMBER OF TOTAL INFANT PROGRAM STAFF FUNDED BY ECI COMPARED TO NUMBER FUNDED BY OTHER SOURCES*



*FULL TIME EQUIVALENT STAFF

FIGURE 9

occupational specialties of staff employed by ECI programs. It also illustrates how local programs combine funding sources to cover their personnel costs and maximize resources.

All of the ECI funded programs currently provide services to children from birth to age 6. **Figure 10** shows the percentage of children in each age group who were being served in January 1984.

Quality Services. In the work plan submitted as part of their annual grant proposals each program delineates the services it will provide. Periodic fiscal and program monitoring help to assure quality by identifying program strengths and weaknesses and assuring contract compliance. Plans are then developed to remedy deficits or weaknesses. These plans may include technical assistance and training provided by the central office staff, both on an individual and on a group basis.

In October 1984 programs were asked to assess their strengths and weaknesses in a variety of areas. Based on the results of the assessment, regional workshops and individual technical assistance opportunities are being planned. The most frequently mentioned training priorities were bilingual assessment and training, stress management for staff, training to work with families, and training to work with curriculum.

Family-Oriented Services. In the past, most educational, health, and mental health services for children, have been child rather than family centered. However, in extending these services to children below age 3, the family becomes essential to the intervention activities.

As discussed earlier in this report, parents are the focus of ECI intervention efforts. One major goal of these efforts is to maximize the families' abilities to meet their needs and the needs of their children as a family unit. Parents receive information about their children, training to assist in therapy and counseling and support as needed.

AGES OF CHILDREN SERVED

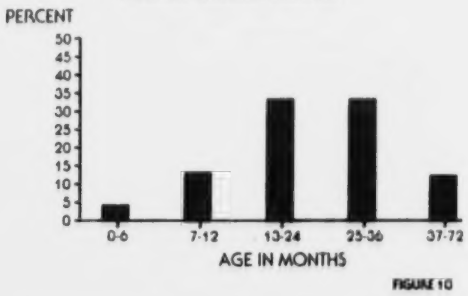


FIGURE 10

THE EFFECTIVENESS OF EARLY CHILDHOOD INTERVENTION PROGRAMS

Children enrolled in ECI programs are making significant strides in increasing their developmental skills, according to a study conducted by Vijay Ganju, Ph.D., the Office os Strategic Planning at the Texas Department of Mental Health and Mental Retardation. The study evaluated the improvement of children in ECI programs from the perspective of parents and program staff.

A random sample of 558 children — 15% of the children receiving services — was selected, and two survey forms were developed. The first was completed by the case managers of the children and obtained information on the children's characteristics, services provided, family characteristics and program impact. The second survey, completed by parents of the children, provided information on satisfaction with services and changes in the children and the family that resulted from program participation. Stamped envelopes were given to the parents so that their questionnaires could be returned for analysis without the possiblity of program staff influencing their responses.

The response rates were remarkably high — 87% from the program staff and 66% from the parents. Some of the results of the survey are shown in the tables that follow.

When they enter an ECI program, the children being served are 4-6 months behind in expected developmental skills. For the children covered by the survey, the average time between their entry into the program and the date of their last evaluation was 12 months. During this time program staff reported an increase in mean developmental age (motor skills, social development, cognitive skills and self-help skills) which ranged from 8-10 months. Additionally, a significant portion of the parents surveyed reported improvement in their children's skills in these areas.

Parents also reported progress in their own skill levels and ability to assist with training their children. Ninety five percent of the parents surveyed reported that the program had been pretty helpful or very helpful in teaching them to work with their children. Over 80% of the parents noted that the program had been pretty helpful or very helpful in assisting them in understanding their children's problems and in dealing with their own stress and fears.

PROPORTION OF PARENTS REPORTING THAT THE PROGRAM HAS BEEN PRETTY OR VERY HELPFUL IN IMPROVING CHILD'S SKILLS BY AREA (N#370)

SOCIAL SKILLS	
Talking to other children/adults, smiling, waving, saying hello and so on	83%
SELF-HELP SKILLS	
Going to bathroom, hanging up coat, putting on dothes, eating, and so on	72%
LANGUAGE/COMMUNICATION SKILLS	
Listening, following orders, speaking, hearing clearly, and so on	84%
BODY SKILLS	
Walking, running, holding, grasping objects, sense of balance, and so on	87%
THINKING SKILLS	
Thinking, remembering, making connections between objects, and so on	82%

Parents reported the following specific examples of how program participation helped them.

PROPORTION OF PARENTS REPORTING SERVICES AS MODERATELY OR VERY SATISFACTORY (N = 370)

Training to work on goals for child and family	97%
Help to deal emotionally with child's problem	89%
Parent information (parenting skills, skills to manage child's behavior, etc.)	89%
Parent support	72%
Help obtaining community services	83%
Transportation for parents	65%

Statistics and surveys give an overall picture of the effectiveness of early childhood intervention, but they don't tell the whole story. Behind the statistics are many families, each with its own set of problems and needs. Hearing their stories gives life to the statistics. Following is a letter from one parent to the ECI Council describing the impact of the program on her family.

TO THE ECI COUNCIL

My three-year-old daughter Nicole Stanton is currently enrolled at the Infant Parent Training Program [I.P.T.P., in Austin]. She attends classes five mornings a week from 9:00 to 11:30. She receives speech, occupational and physical therapy, as well as her regular classroom schedule to improve her fine and gross motor skills.

Nicole has a brain dysfunction, and has been receiving services from I.P.T.P. for one year. She has benefited from her therapy. She is more responsive now and can interact with other children better. She is now learning to manipulate toys which take fine motor skills. Her eating skills have also improved. Nicole's progress is slow, but without the therapy and care she receives from the dedicated staff, she would not have made the strides that she has.

I believe Early Childhood Intervention is essential for handicapped children and their families. Through working with the teachers and therapists we have learned how to teach Nicole at home. We work together as a team for the good of Nicole, so she will have a more promising future.

The early childhood intervention program is vital to the overall development of all our special children.

Linda Stanton

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Appendix A
Interagency Council on Early Childhood Intervention

Current Council Members FY '85

Richard L. Smith, Ed.D.
Chairperson, ECI Council
Assistant Deputy Commissioner — Mental Retardation Services
Texas Department of Mental Health and Mental Retardation

Patricia Bizzell, M.P.A.
Vice-chairperson, ECI Council
Executive Director, Texas State Board of Examiners of Psychologists
Public Member/Parent

Cecil Chandler, D.D.S.
Administrator — Family Support Services
Texas Department of Human Resources

Clift Price, M.D., F.A.A.P.
Associate Commissioner — Personal Health Services
Texas Department of Health

James Clark, Ph.D.
Director of School Liaison
Texas Education Agency

Past Council Members

Victoria Bergin, Ph.D.
Deputy Commissioner for School Support
Texas Education Agency

Pam Corley
Director — Office of Client Services and Rights Protection
Texas Department of Mental Health and Mental Retardation

Garland Davis
Superintendent of Crockett Co. Consolidated Community School District
Texas Education Agency

Liz Hartman
Public Member/Parent

Joe Neely, Ph.D.
Director of the Division of Accreditation
Texas Education Agency

Appendix B
Advisory Committee Members FY'85

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Associate Professor, Department of Special Education
The University of Texas
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Professional

Sister Mary Nicholas Vincelle, R.N., Chairperson-elect
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Hidalgo County Health Department
Edinburg
Professional

Dorman Keele, M.D.
Director and Associate Professor of Pediatrics
University Affiliated Center
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Professional

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Professor Emeritus, Speech and Hearing Institute
University of Texas Health Science Center
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Professional

Col. Don Rettberg, USAF (Retired)
Former Executive Director
Association for Retarded Citizens
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Parent/Advocate

Nancy Ward
Parent Association for Retarded of Texas
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Parent

Mary Hosea
Pittsburgh
Parent

Jan Davidson
Midland
Parent

Becky Brandon
Temple
Parent

Cindy Jones, O.T.R.
Supervisor of Rehabilitation Services
Austin — Travis Co. Health Department
Austin
Professional

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Director of Special Education
Region XVII Education Service Center
Lubbock
Professional

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Advocacy, Inc.
Austin
Advocate

Lynne Buchwald, B.A.
Beaumont
Parent

Julian S. Haber, M.D.
Pediatrician
Fort Worth
Professional

Robert Clayton, M.D.
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